Sc	hedule E)		PAGE 1 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC		C C00530766
			M M / D D / Y Y Y Y
Che	eck if 24-hour report 48-hour report New report Amends report	rt filed on	M W / D D / T - T - T - T
	Full Name of Payee  Mary Johnson	Dat	te of Public Distribution/Dissemination
	•		08 / 20 / 2014
	Mailing Address 105 South Dale St	Am	nount
ŀ	City State Zip Code		50.00
	Spruce Pine NC 28777		ansaction ID: 876186fa-36c4-4115-8 te of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate Support	Office Sou	ught: House District: 00
	Ms. Kay Hagan Oppose	Pres	sident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	Disbursem 2014	nent For:
	Full Name of Payee Casey Stockton	Da	te of Public Distribution/Dissemination
	•		08 20 7 2014
	Mailing Address 105 South Dale St	Am	nount
ŀ	City State Zip Code	- $ $ $ $ $ $	50.00
	Spruce Pine NC 28777		nsaction ID : a7406ee2-a4dc-4f39-8 ate of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001		08 / 20 / 2014
ľ	Name of Federal Candidate Support	Office Sou	ught: House District: 00
	Ms. Kay Hagan Oppose	Pre	sident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 248365.59	Disbursen 2014	nent For:
,	(a) CURTOTAL of Howined Independent Funerality as		100.00
(	(a) SUBTOTAL of Itemized Independent Expenditures	•	100.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures	. •	
(	CC) TOTAL Independent Expenditures	•	
V	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	9 08	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayaya
Full Name of Payee  Casey Stockton	Date of Public Distribution/Dissemination
, and the second	08 20 2014
Mailing Address 105 South Dale St	Amount
City State Zip Code	17.10
Spruce Pine NC 28777	Transaction ID : 25d19fc8-30fb-4d50-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb 248365.59  248365.59	ursement For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Morgan E Hallenbeck	08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3790 Christian Light Rd	Amount
City State Zip Code	20.00
Fuquay Varina NC 27526	Transaction ID : ea30e98f-9c83-4f90-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 20 / 2014
Name of Federal Candidate Support Office	te Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb. 248365.59	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	37.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	08 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	DENT EXICID	ITOTIES	<b>⊢</b>	PAGE 3 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Morgan E Hallenbeck			08	20 / 2014
Mailing Address 3790 Christian Light Rd			Amount	
City	State	Zip Code		14.10
Fuquay Varina	NC	27526		: <b>42b9332c-594a-45a6-9</b> sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	2	248365.59	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Dwayne C Smith			08 /	20 / 2014
Mailing Address 900 Bramblegate Rd			Amount	
City	State	Zip Code		20.00
Hope Mills	NC	28348		: <b>7f205de5-fef4-491d-8</b> sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expe	enditures			34.10
(b) CURTOTAL of Unitersized Independent 5	un au alite ura a			
(b) SUBTOTAL of Unitemized Independent E	xpenaitures		<b>•</b>	4
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / 22	2014

Schedule E)	PENT EXTERE	TIONES	<b>+</b>	PAGE 4 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Dwayne C Smith			08	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 900 Bramblegate Rd			Amount	
City	State	Zip Code		5.70
Hope Mills	NC	28348		D: 5b72e295-f09a-4765-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	<u></u>
Calendar Year-To-Date Per Election for Office Sought	7	248365.59	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lorri Anderson			08 /	20 / 2014
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		35.00
Charlotte	NC	23215		: 6ea96722-9e26-4636-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	- 7 7	248365.59	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Exper	ditures		•	40.70
				7- 1
(b) SUBTOTAL of Unitermized Independent Exp	enditures		<b>•</b>	49.
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 22	2014

Schedule E)	I EXI END	TOTILO		PAGE 5 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lorri Anderson			08 /	20 / 2014
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		10.80
Charlotte	NC	23215		D: 5b90ecd7-22bf-460c-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	, , , , 2	248365.59	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Allie Butler			08	20 / 2014
Mailing Address 1676 Shady Creek Rd			Amount	
City	State	Zip Code		52.50
Ayden	NC	28513		: c68b76b9-2382-4374-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	248365.59	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	es			63.30
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expendit	tures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 22	2014
2.9				

Schedule E)	LXI LIID			PAGE 6 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Data of	Dublic Distribution/Discomination
Allie Butler			М	Public Distribution/Dissemination    March   Public Distribution   Public Distribution
Mailing Address 1676 Shady Creek Rd			Amount	
City	State	Zip Code		33.78
. 9	NC	28513		ction ID : fe2178ff-d613-45ac-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M C	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursement 2014 Oth	For: Primary X General Primary Primary Repectify) ►
Full Name of Payee Bradley K Kissinger				Public Distribution/Dissemination
				08 20 2014
Mailing Address 3113 Imperial Valley Dr.			Amount	1
City	State	Zip Code		50.00
	AR	72212		tion ID : a90f6f8a-ae67-4242-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		8 / 20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		60970.16	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				83.78
C. Suproces of the translation and ask Funeralities				7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expenditure	}S		•	7 7 7
(c) TOTAL Independent Expenditures			<b>•</b>	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ago	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		22 2014
Signature				

Schedule E)		1101120		PAGE 7 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
	<u> </u>			
Full Name of Payee Bradley K Kissinger			Date of Pub	olic Distribution/Dissemination  20 2014
Mailing Address 3113 Imperial Valley Dr.			Amount	
City	State	Zip Code		16.80
Little Rock	AR	72212		n ID : fd290439-50f1-47fc-b bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		60970.16	Disbursement For: 2014 Other (	Primary ⊠ General Specify) ▶
Full Name of Payee Barbara A Williams			Date of Pul	olic Distribution/Dissemination
Mailing Address 3002 Darden Rd			08	20 2014
Apt A			Amount	
City	State	Zip Code		50.00
Greensboro	NC	27407	Transaction Date of Dis	ID: f3fafd5b-2e2a-4d03-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursement For: 2014 Other (	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		<b>•</b>	66.80
(b) SUBTOTAL of Unitemized Independent Exp	enditures			
				7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	p   2p   20
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan	[Electro:	nically Filed] Date	9 08 / 22	
Signature				

Schedule E)	VI EXI EIVE	ATTOTILES		AGE 8 OF 63 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	0530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee Michael Chinchar			M = M /	istribution/Dissemination
Mailing Address 2730 Dave Ward Dr			08 Amount	20 2014
Cit.	Otata	7:n Code		50.00
City Conway	State AR	Zip Code 72034		50.00 117160ae-674d-4146-8 ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001		20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	60970.16	Disbursement For:  2014  Other (specif	Primary
Full Name of Payee Michael Chinchar	_		M = M /	istribution/Dissemination
Mailing Address 2730 Dave Ward Dr			08 Amount	20 2014
City	State	Zip Code		5.40
Conway	AR	72034		Idbb6480-fdb5-42b8-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	60970.16	Disbursement For: 2014 Other (speci	Primary X General fy) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			55.40
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	
				4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M = M / D = D / 08 22	2014
<b>U</b>				

Schedule E)		PAGE 9 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
	w report Amends report fi	iled on
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination
Mailing Address 1410 Bushville drive		08 20 2014
		Amount
City State	Zip Code	100.00
Lenoir NC	28645	Transaction ID: b88dcf8f-ea6a-47bd-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District:00
Ms. Kay Hagan	Oppose [	President State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Caleb Craig		08 20 Y Y Y Y Y
Mailing Address 1410 Bushville drive		
		Amount
City State	Zip Code	23.10
Lenoir NC	28645	Transaction ID: 9e73b767-b39f-4d17-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 20 / 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
	<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	123.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authoratty committee) any political party committee or its agent.		
Ms. Emily Buchanan	lectronically Filed] Date	08 22 2014
Signature		

Sc	hedule E)			PAGE FOR SI	10 OF 63 E OF FORM 24/48
	ME OF COMMITTEE (In Full)				CATION NUMBER ▼
W	omen Speak Out PAC			C C005307	
Che	eck if 24-hour report X 48-hour report New report A	mends repo	ort filed on	- M / D - D	/ Y = Y = Y
Т	Full Name of Payee Anthony Pearson		Date of	f Public Distribu	ution/Dissemination
-	Mailing Address 112 apache Dr			08 / 20	2014
	Triz apacite bi		Amour	it	
	City State Zip Code				35.00
	Search AR 72149			action ID : 75c8 f Disbursement	6566-c28d-4021-9 or Obligation
	Purpose of Expenditure Salary  Category Type		M	08 / 20	
ı	Name of Federal Candidate	Support	Office Sought	: House	e District: 00
	Mr. Mark L Pryor	Oppose	Preside	nt Sena	te State: AR
	Calendar Year-To-Date Per Election for Office Sought 60970.16		Disbursement 2014 Ot	For: Prince Pri	mary X General
Ī	Full Name of Payee		Date of	of Public Distribu	ution/Dissemination
	Anthony Pearson		М	08 / D D	2014
ŀ	Mailing Address 112 apache Dr			00 20	2014
	spasse 2.		Amou	nt	
ľ	City State Zip Code			1 00 1 1	6.90
	Search AR 72149			ction ID : 72714 of Disbursement	11da-900d-417e-a or Obligation
	Purpose of Expenditure Mileage  Category Type			08 / 20	2014
ľ	Name of Federal Candidate	Support	Office Sough	:: Hous	e District: 00
	Mr. Mark L Pryor	Oppose	Preside	nt X Sena	te State: AR
	Calendar Year-To-Date Per Election for Office Sought 60970.	16	Disbursement 2014 O	For: Pri	mary X General
(	(a) SUBTOTAL of Itemized Independent Expenditures		▶	7	41.90
(	(b) SUBTOTAL of Unitemized Independent Expenditures		. •	7	4
(	(c) TOTAL Independent Expenditures		· •	7	47.
٧	Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed]	Date	e 08	D D / Y	2014
	Signature				

Schedule E)	DENT EXTEND	ITORES	_	PAGE 11 OF 63 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEI	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	t filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Shantal C Culbreath			08	20 / 2014
Mailing Address 4691 Hercules Lane			Amount	
City	State	Zip Code		80.00
Woodbridge	VA	22193		: ef4ec68e-6b96-4a66-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Donald Dessauer			M M /	20 / 2014
Mailing Address 1804 Auburn Ave			Amount	
City	State	Zip Code		25.00
Metaire	LA	70003		91ca0ed0-4335-46d7-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		93311.41	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Exper	ditures		<b>•</b>	105.00
(b) SUBTOTAL of Uniternized Independent Exp	nenditures			
(b) SSETSTAL OF STITLETHIZED INDEPENDENT EXP	orialiares		-	19. 10.
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M = M / D = D 08 22	2014

Scl	nedule E)		110.120		PAGE 12 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report Ne	w repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
_					
	Full Name of Payee Donald Dessauer			Di	ate of Public Distribution/Dissemination  08 20 2014
	Mailing Address 1804 Auburn Ave			Aı	mount
F	City State		Zip Code	— Г	1.20
	Metaire LA		70003		ransaction ID: 96b457e5-c474-4540-9 ate of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Mary L Landrieu		X Oppose	Pre	esident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		93311.41	Disburse 2014	ement For: Primary X General  Other (specify) ▶
Γ	Full Name of Payee			D	Date of Public Distribution/Dissemination
1	Linda J Fueling				08 20 2014
ľ	Mailing Address 6424 Purple Martin Ct				
1				A	mount
ŀ	City State		Zip Code		60.00
	Wilmington NC		28411	<b>Tra</b>	ansaction ID: 3296313f-d9be-4774-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Kay Hagan		Oppose	Pro	resident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		248365.59	Disburse 2014	ement For: Primary X General  Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures			•	61.20
(I	b) SUBTOTAL of Unitemized Independent Expenditures			•	
(0	c) TOTAL Independent Expenditures			•	
W	Inder penalty of perjury I certify that the independent expending inth, or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent.				
	Ms. Emily Buchanan [El	lectron	ically Filed] Date	M = M 08	22 2014
	Signature				

Schedule E)		IDENT EXTEND			PAGE 13 OF 63 FOR SE OF FORM 24/48
NAME OF COMMIT					FEC IDENTIFICATION NUMBER ▼
Women Spea	ak Out PAC				C C00530766
Check if 24-ho	ur report X 48-hour repo	ort New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
		ivew lep	ort Amends repo	I liled on	
Full Name of Pa Linda J Fu					of Public Distribution/Dissemination
Mailing Address	6424 Purple Martin Ct			Amou	nt
City		State	Zip Code		17.73
Wilmington		NC	28411		action ID : f1f1ae6a-30ea-4aad-a of Disbursement or Obligation
Purpose of Exp Mileage	enditure		Category/ Type 002	М	08 20 / 2014
Name of Federa	al Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent State: NC
	ear-To-Date n for Office Sought	2	248365.59	Disbursement 2014 Or	t For:
Full Name of P				Date of	of Public Distribution/Dissemination
Peggy A Si	des			M	08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	2183 Spokane Rd				00 20 2011
				Amou	nt
City		State	Zip Code		80.00
Fayetteville		NC	28304	Transa Date	ction ID : c74437de-36ef-4290-9 of Disbursement or Obligation
Purpose of Exp Salary	enditure		Category/ Type 001	M	08 / DDD / Y Y Y Y Y Y
Name of Federa	al Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			X Oppose	Preside	-
	rear-To-Date on for Office Sought		248365.59	Disbursemen 2014 O	t For:
(a) SUBTOTAL	of Itemized Independent Exp	enditures		· •	97.73
(b) SUBTOTAL	of Unitemized Independent E	xpenditures		. •	
(c) TOTAL Indep	pendent Expenditures			•	7
with, or at the re		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms.	Emily Buchanan	[Electron	ically Filed] Date	9 08	22 / 2014
Signature					

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 14 FOR SE OF FO	OF 63 RM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	YYY
Full Name of Payee			Date of Public Distribution/Diss	semination
Peggy A Sides			08 / D D / Y	2014
Mailing Address 2183 Spokane Rd			Amount	
City	State	Zip Code		7.50
Fayetteville	NC	28304	Transaction ID : 0aa59e2c-dd Date of Disbursement or Oblig	
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y	2014 Y
Name of Federal Candidate		Support	Office Sought: House Dist	rict:00
Ms. Kay Hagan		X Oppose	President Senate St	ate: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	248365.59	Disbursement For: Primary 2014 Other (specify) ▶	X General
Full Name of Payee			Date of Public Distribution/Disc	semination
Francesca Blom			08 / D D / Y	2014
Mailing Address 101 Asbury Ct			Amount	
City	State	Zip Code		80.00
Winchester	VA	22602	Transaction ID: 53b3def8-684 Date of Disbursement or Oblig	
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y	2014
Name of Federal Candidate		Support	Office Sought: House Dist	rict:00
Ms. Kay Hagan		X Oppose	President Senate St	ate: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	248365.59	Disbursement For:  Primary 2014  Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			87.50
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>)</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	-
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 22 2014	Y
-				

Sche	dule E)		1101120		PAGE 15 OF 63 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Ful	II Name of Payee			Date	of Public Distribution/Dissemination
M	1r. Alex Peyton				08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ма	illing Address 859 Hicks Rd			Amou	nt
Cit	у	State	Zip Code		100.00
W	ashington	LA	70589		action ID : 04f35617-da04-45bf-9 of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	M	08 20 / 2014
Na	me of Federal Candidate		Support	Office Sough	t: House District:00
Ms	s. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		93311.41	Disbursemen 2014 O	nt For:
	Il Name of Payee			Date	of Public Distribution/Dissemination
IV	Ir. Alex Peyton			N	08 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 859 Hicks Rd				
				Amou	int
Cit		State	Zip Code		37.50
	/ashington	LA	70589	Transa Date	action ID: 49a7db7d-92e0-4554-9 of Disbursement or Obligation
	rpose of Expenditure ileage		Category/ Type 002	N	08 / 20 / 2014
Na	me of Federal Candidate		Support	Office Sough	nt: House District:00
Ms	s. Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	<b>7</b>	93311.41	Disbursemen 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditures	S		. •	137.50
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures		· •	
(c)	TOTAL Independent Expenditures				7 7
with,	er penalty of perjury I certify that the independer, or at the request or suggestion of, any candidat y committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 08	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	Signature		_		

Sc	hedule E)	PAGE 16 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Jennifer E Smith	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4967 Dysartsville Rd	Amount
ŀ	City State Zip Code	80.00
	Morganton NC 28655	Transaction ID : b26ea846-f30c-4e2e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	08 / 20 / 2014
ŀ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburs 248365.59  Disburs 2014	rsement For:  Primary
ľ	Full Name of Payee	Date of Public Distribution/Dissemination
	Jennifer E Smith	M M / D D / Y Y Y Y Y
1	Mailing Address 4967 Dysartsville Rd	08 20 2014
	4307 Dysaltsville No	Amount
ľ	City State Zip Code	9.00
		Transaction ID : 53a228a5-e61f-4c8d-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	M 08 / 20 / Y 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	rsement For: Primary X General  Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures	89.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures.	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Schedule E)	AI LIIDII OILE	PAGE 17 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
	New report Amends report filed	on
Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination
Mailing Address 4967 Dysartville		08 20 2014 Amount
City State  Morganton NC		80.00  Transaction ID : 7887de1a-a84e-4af0-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	248365.59 Disbu 2014	rsement For: Primary
Full Name of Payee Virginia M Stevens	,	Date of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd		08 20 2014 Amount
		50.00
City Sta  Bakersville No	'	50.00  Transaction ID: e8de061b-aa3d-494e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 20 / Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	∑ Oppose □	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	248365.59 Disbu 2014	rsement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	<b></b>	130.00
(b) SUBTOTAL of Unitermized Independent Expenditures.		
(c) TOTAL Independent Expenditures	<b>&gt;</b>	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date 0	
Signature		

Schedule E)	LIVI EXI END	HONES	PAGE 18 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd			08
011	01-1-	7:- 01-	20.00
City  Bakersville	State NC	Zip Code 28705	22.80  Transaction ID : 1fc651fb-19da-4ed4-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 20 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	248365.59	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext			08 20 2014  Amount
City	State	Zip Code	50.00
Spruce Pine	NC	28777	Transaction ID: 830a8aca-c856-46d0-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	248365.59	Disbursement For:  Primary  General 2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	itures		72.80
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
			42 42 42
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 22 2014
5.g.iataro			

Schedule E)	PENT EXTERE	TI OTILO	PAGE 19 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext			08 20 7 2014
Haming Flacious 44 Bell Street Ext			Amount
City	State	Zip Code	21.90
Spruce Pine	NC	28777	Transaction ID : 5021abdb-33af-4594-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	248365.59	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Eric Wilson			08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 907 Randall Drive			Amount
City	State	Zip Code	25.00
Searcy	AR	72149	Transaction ID: 065524f5-8f53-49eb-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	60970.16	Disbursement For:  Primary  General  2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		46.90
(b) SUBTOTAL of Unitermized Independent Exp	enditures		<b>)</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

11 01	
NAME OF COMMITTEE (In Full)	R SE OF FORM 24/48  TIFICATION NUMBER ▼
Women Speak Out PAC	530766
Check if 24-hour report 48-hour report New report Amends report filed on	/ Y = Y = Y
	stribution/Dissemination
08	20 / 2014
Mailing Address 907 Randall Drive  Amount	
City State Zip Code	3.75
	840f008b-699b-4bcc-a
Purpose of Expenditure	20 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 2014 Other (specify	Primary
	stribution/Dissemination
Peter Sahuc	20 2014
Mailing Address 107 Phillip Ave Amount	
City State Zip Code	40.00
Date of Disbursen	4632ce5-b7a5-4a70-8 ment or Obligation
Purpose of Expenditure Salary  Category/ Type  001  08	20 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 2014  Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expenditures	43.75
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	1.45
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 08 22	2014

Schedule E)	INI EXI EIN	DITOTILO	PAGE 21 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			08 / 20 / 2014
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	4.71
Lafayette	LA	70503	Transaction ID : b4cf3c7c-03c1-4d26-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		93311.41	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Jean			08 / 20 / 2014
Mailing Address 2012 Harrison Ave			Amount
City	State	Zip Code	80.00
Winston Salem	NC	27105	Transaction ID: 8fc39a18-e4e3-4ffd-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	248365.59	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 84.71
(b) SUBTOTAL of Unitemized Independent Expen	ditures		-
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3. <del>3</del>			

Sche	dule E)	1 6/11 6/12			PAGE 22 OF 63 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee teven Jean				of Public Distribution/Dissemination
Ma	iling Address 2012 Harrison Ave				08 20 2014
City	<u>.</u>	State	Zip Code		15.00
	y inston Salem	NC	27105		action ID: 43e07f87-f143-473e-9 of Disbursement or Obligation
	rpose of Expenditure leage		Category/ Type 002	M	08 20 Y 2014
Nar	me of Federal Candidate		Support	Office Sought	t: House District: 00
Ms	s. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	248365.59	Disbursement 2014 Ot	t For: Primary X General
S	Il Name of Payee tephanie L Heun  illing Address 8026 S Wilwood Dr Apt 101			M	of Public Distribution/Dissemination
	8026 S Wilwood Dr Apt 101			Amour	nt
City Oa	y ak Creek	State WI	Zip Code 53154		30.00  ction ID : da8ac29c-2c06-4382-b
	rpose of Expenditure alary		Category/ Type 001	M	of Disbursement or Obligation  08 20 2014
Na	me of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	s. Kay Hagan		X Oppose	Preside	-
	Calendar Year-To-Date Per Election for Office Sought	7	248365.59	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a) \$	SUBTOTAL of Itemized Independent Expenditure	əs			45.00
(b) \$	SUBTOTAL of Unitemized Independent Expendit	łures		· •	
(c) -	TOTAL Independent Expenditures			· •	7 1 7 1 7
with,	er penalty of perjury I certify that the independe or at the request or suggestion of, any candida y committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08	22 / 2014
S	Signature				

Schedule E)		01101120		PAGE 23 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC	<b>;</b>		C	C00530766
Check if 24-hour report	48-hour report New r	report Amends repo	rt filed on	D D D / Y D Y D Y
Full Name of Payee Courtney Goldstein			M = M /	Distribution/Dissemination
Mailing Address 1809 N Woodl	awn		08 Amount	20 2014
City	State	Zip Code		35.00
Metairie	LA	70001	I	D: c0bccf44-38ce-447a-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ught	93311.41	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Courtney Goldstein			Date of Public	Distribution/Dissemination
Mailing Address 1809 N Woo	odlawn		08 Amount	20 2014
City	State	Zip Code		6.00
Metairie	LA	70001	Transaction ID Date of Disbut	: e32db722-ec5c-4401-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Son	ught	93311.41	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Inde	pendent Expenditures		<b>•</b>	41.00
(b) SUBTOTAL of Unitemized In	ndependent Expenditures		<b>•</b>	1 4 1 4
(c) TOTAL Independent Expend	itures		<b>&gt;</b>	
	y that the independent expenditur stion of, any candidate or authoriz rty committee or its agent.			
Ms. Emily Buchanan	[Electi	ronically Filed] Date	08 22	2014
Signature				

Schedule E)	PENT EXI END	TI OTILO	PAGE 24 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brenda L Dawson			08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6021 General Samuel Rd			Amount
City	State	Zip Code	17.00
Jacksonville	AR	72076	Transaction ID: 38e880b5-5227-4271-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	60970.16	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Brenda L Dawson			08
Mailing Address 6021 General Samuel Rd			Amount
City	State	Zip Code	3.60
Jacksonville	AR	72076	Transaction ID: 267fc9b6-823c-4a9a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		60970.16	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		20.60
			7- 7- 7-
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· -
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
- 3			

Schedule E)	INI EXI ENL	DITOTILO	PAGE 25 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Adam Rock			08 / 20 / 2014
Mailing Address 307 Farris Rd Apt 1			Amount
City	State	Zip Code	45.00
Conway	AR	72034	Transaction ID : 782de992-c40d-43fb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		60970.16	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Adam Rock			08 / 20 / 2014
Mailing Address 307 Farris Rd Apt 1			Amount
City	State	Zip Code	4.50
Conway	AR	72034	Transaction ID : 5c3f19ae-9d02-4fac-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	60970.16	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		49.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 22 7 2014
•			

Sched	ule E)	I EXI END	101120		PAGE 26 OF 63 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	- M / D - D / Y - Y - Y - Y
	Name of Payee			Date of	of Public Distribution/Dissemination
	nda J Fueling			М	08 20 7 2014
Iviaiii	ng Address 6424 Purple Martin Ct			Amou	nt
City		State	Zip Code		10.00
Wiln	nington	NC	28411		action ID : fdd01e95-aba7-425b-9 of Disbursement or Obligation
Purp Sala	ose of Expenditure ary		Category/ Type 001	М	08 20 / 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Kay Hagan		X Oppose	Preside	ent State: NC
	Calendar Year-To-Date Per Election for Office Sought	, 2	48365.59	Disbursemen 2014 O	t For: Primary ⊠ General
	Name of Payee			Date of	of Public Distribution/Dissemination
Lin	ida J Fueling			M	08 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Maili	ing Address 6424 Purple Martin Ct				00 20 2014
	o.z.r. a.p.oa.a o.			Amou	nt
City		State	Zip Code		8.10
	mington	NC	28411	Transa Date o	ction ID : 6563eb02-a238-4ef0-b of Disbursement or Obligation
	ose of Expenditure eage		Category/ Type 002	M	08 20 7 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms.	Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7	248365.59	Disbursemen 2014 O	t For:
(a) SI	UBTOTAL of Itemized Independent Expenditure	s		· •	18.10
(b) S	UBTOTAL of Unitemized Independent Expendit	ures		•	7 1 7 1 7
(c) T(	OTAL Independent Expenditures			•	7
with, o	penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	08	22 / 2014
Sig	gnature				

Schedule E)	LIVI EXI END	HONES	<u> </u>	PAGE 27 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Serena A Jones			08	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		40.00
Saltville	VA	24370		: 700d26af-0c07-433d-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	248365.59	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Serena A Jones			08 /	20 2014
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		24.00
Saltville	VA	24370		: f8c45ca2-33f1-4535-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 08 /	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expendent	ditures		•	64.00
(b) SUPTOTAL of Uniterprized Independent Eve	ondituros			
(b) SUBTOTAL of Unitemized Independent Exp	enalures		<b>•</b>	49-
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 22	2014
•				

Schedule E)	INT EXI EN	ON ONES	PAGE 28 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			08 20 7 2014
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	65.00
Ville Platte	LA	70586	Transaction ID: 312e014e-b5c9-487c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 00 / 4 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		93311.41	Disbursement For:  Primary  General  2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			08 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	38.10
Ville Platte	LA	70586	Transaction ID : f419d5da-c5c7-422f-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 20 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-, -,	93311.41	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expending	tures		. ▶ 103.10
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 22 7 2014
-			

Sche	edule E)	, EM 1.12.	1101120		PAGE 29 OF 63 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	T = M / D = D / Y = Y = Y
	Name of Payee Timothy Foley				of Public Distribution/Dissemination
Ma	ailing Address 20679 Glenbrook Terrace			Amou	08 20 2014 unt
Cit	tv	State	Zip Code	— [ _	20.00
	terling	VA	20165		saction ID : bf620668-7115-4f50-9 of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		08 / 20 / 2014
Na	ame of Federal Candidate		Support	Office Sough	nt: House District:00
М	ls. Kay Hagan		X Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursemen 2014	nt For:  Primary
	III Name of Payee Christine Stevens				of Public Distribution/Dissemination
Ma	ailing Address 100 Asbury Ct			Amou	08 20 2014 unt
Ci	ty	State	Zip Code	— L.	70.00
	Vinchester	VA	22602	Transa Date	action ID : 521dec78-e9de-4d64-b of Disbursement or Obligation
	urpose of Expenditure salary		Category/ Type 001	$\exists \mid C$	08 / 20 / 2014
Na	ame of Federal Candidate		Support	Office Sough	ht: House District: 00
М	ls. Kay Hagan		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursemer 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditures	S		>	90.00
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures		··· <b>•</b>	
(c)	TOTAL Independent Expenditures			··· <b>·</b> ·	7
with	der penalty of perjury I certify that the independer a, or at the request or suggestion of, any candidat ty committee) any political party committee or its a	te or authorized			
_	Ms. Emily Buchanan	[Electron	cically Filed] Date	re 08	22 2014
(	Signature				

Schedule E)	PAGE 30 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name of Payee Rodney O Culbreath	Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct	08 20 2014  Amount
City State Zip Code	70.00
Winchester VA 22602	Transaction ID: 784b7d64-707a-4c20-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 248365.59	Disbursement For:  Primary
Full Name of Payee Rodney D Culbreth	Date of Public Distribution/Dissemination
Mailing Address 100 Asbury CT	08 20 2014 Amount
3200 Dam Neck Rd	,
City State Zip Code Winchester VA 22602	70.00  Transaction ID : 8eef1977-91fb-4b2f-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	Date of Disbursement of Chilgation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 248365.59	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>
(c) TOTAL Independent Expenditures	<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were rewith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Sch	edule E)	EXI END	TOTILO		F	PAGE 31 OF 63 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C	C00530766
Chec	sk if 24-hour report X 48-hour report	New repo	ort Amends	report file	ed on/	D
	Full Name of Payee Aaron L Griffin				Date of Public	Distribution/Dissemination
<u> </u>	Mailing Address 4830 Westin Park Drive				08 Amount	20 2014
- 1	City Conway	State AR	Zip Code 72034			35.00 D: bad2f8cb-2b47-40a3-8
	Purpose of Expenditure Salary		Category/ Type	001	Date of Disbut	resement or Obligation
1	Name of Federal Candidate		Suppo	ort Offic	ce Sought:	House District: 00
	Mr. Mark L Pryor		X Oppos		President X	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	60970.16	Disl 201	oursement For: 4 Other (spe	Primary
	Full Name of Payee Aaron L Griffin				Date of Public	Distribution/Dissemination  20  / Y Y Y Y Y Y Y Y Z Y Z Y Z Y Z Y Z Y Z
1	Mailing Address 4830 Westin Park Drive				Amount	
	City	State	Zip Code			5.40
	Conway	AR	72034		Transaction ID  Date of Disbur	: 5467cf4e-c30c-451c-9 rsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	08	20 / 2014
Ī	Name of Federal Candidate		Supp	ort Offi	ce Sought:	House District: 00
	Mr. Mark L Pryor		Х Орро	se	President >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, ,	60970.16	Dis 201	bursement For:  Other (spe	Primary ☐ General ecify) ►
(a	) SUBTOTAL of Itemized Independent Expenditures			····· •		40.40
(b	o) SUBTOTAL of Unitemized Independent Expenditure	res		······ <b>&gt;</b>		
(с	) TOTAL Independent Expenditures			······ <b>&gt;</b>	7	7
wi	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	e or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	08 22	2014
	Signature					

Sc	hedule E)	PAGE 32 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee Date Lisa Booth	Date of Public Distribution/Dissemination
-	Mailing Address 1434 South Avenue	08 20 2014
		100.00 ransaction ID : c85e3bd7-503f-4a6a-b
	Purpose of Expenditure Salary  Category/ Type 001	Date of Disbursement or Obligation    M
ŀ	Name of Federal Candidate Support Office So	ought: House District: 00
	Ms Kay Hagan	resident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburse 248365.59	ement For:
	Full Name of Payee D Lisa Booth	Date of Public Distribution/Dissemination  M M O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Mailing Address 1434 South Avenue A	Amount
ŀ	City State Zip Code	7.20
	Eden NC 27288 Tra	ansaction ID: 542c9413-8cf6-4bdc-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	08 / 20 / 2014
	Name of Federal Candidate Support Office So	ought: House District: 00
-	Ms. Kay Hagan	resident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburse 248365.59  Disburse 2014	ement For: Primary X General  Other (specify) ►
(	(a) SUBTOTAL of Itemized Independent Expenditures	107.20
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	22 2014
	Signature	

Schedule E)				PAGE 33 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Rze Culbreath			M = M	c Distribution/Dissemination
Mailing Address 100 Asbury Ct			08 Amount	20 2014
City	State	Zip Code		65.00
Winchester	VA	22602		ID: ba6a3ac6-9ef8-4b30-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	248365.59	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Jon E Conner			M = M	ic Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amount	20 2014
City	State	Zip Code		70.00
Winchester	VA	22602	Transaction II  Date of Disb	D: dcec54e8-160a-419d-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	20 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent I	Expenditures		·	135.00
(b) SUBTOTAL of Unitemized Independen	nt Expenditures		. >	1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	iny candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08 22	2014
Signature				

Schedule E)		71101120	PAGE 34 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Tymber D Crawley			Date of Public Distribution/Dissemination
Mailing Address 6 Sherwood Dr			08 20 2014  Amount
Cit.	Otata	7:n Code	25.00
City Conway	State AR	Zip Code 72034	35.00  Transaction ID : 4d03eaec-0685-4c18-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	60970.16	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Tymber D Crawley			Date of Public Distribution/Dissemination
Mailing Address 6 Sherwood Dr			08 20 2014 Amount
City Conway	State AR	Zip Code 72034	5.40  Transaction ID : a13b4b21-c7ad-457b-a  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	60970.16	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		40.40
(b) SUBTOTAL of Unitemized Independent Expen	ditures		·
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08

				FOR SE OF	FORM 24/48
	OF COMMITTEE (In Full)		FEC I	IDENTIFICATION	ON NUMBER ▼
vvor	men Speak Out PAC		С	C00530766	
Check	if 24-hour report X 48-hour report New report Amends report		= M	/ D D /	Y I Y I Y I Y
	III Name of Payee	Date of	of Publ	lic Distribution/	Dissemination
	Gregory Green		08	20	2014
Ma	ailing Address 2506 Bolch Street	Amou	nt		
Cit	ty State Zip Code				20.00
s	hreveport LA 71104			ID: 8c3551ce oursement or C	
	alary Category/ Type Category/ 1001	M	08	20	2014
Na	ame of Federal Candidate Support	Office Sough	t:	House	District: 00
М	s. Mary L Landrieu Oppose	Preside	ent	X Senate	State:LA
	Calcillati Total To Date	Disbursemen 2014 O		Primary specify) ▶	Marcal General
	alling Address 2506 Bolch Street		of Pub	lic Distribution/	Dissemination 2014
Ci	ity State Zip Code		-		10.50
- 1	Shreveport LA 71104			ID: 52d34080- oursement or C	eac0-42b5-b
	urpose of Expenditure Mileage  Category/ Type  002		08	20	2014
Na	ame of Federal Candidate Support	Office Sough	ıt:	House	District:00
М	Is. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought 93311.41	Disbursemen 2014 C		Primary specify) ▶	X General
(a)	SUBTOTAL of Itemized Independent Expenditures	<b>.</b>	-7	1 1 7	30.50
(b)	SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>			40.
(c)	TOTAL Independent Expenditures	•	-9	4	
with	der penalty of perjury I certify that the independent expenditures reported herein were now, or at the request or suggestion of, any candidate or authorized committee or agent of ty committee) any political party committee or its agent.				
_	Ms. Emily Buchanan  [Electronically Filed] Date  Signature	08	22	201	
•	Oignature				

PAGE

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Schedule E)	LIVI EXI EN	DITORILO	PAGE 36 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	30.00
Shreveport	LA	71119	Transaction ID: 10d21d7c-8652-49f0-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		93311.41	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	11.10
Shreveport	LA	71119	Transaction ID : 18469887-d546-4bad-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	93311.41	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		41.10
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	08 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s.g			

Scl	hedule E)	EXI EIIDI	TOTILO				PAGE 37 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Am	ends repc	ort filed on	M = M	/ D = D / Y = Y = Y
Τ	Full Name of Payee Bradley K Kissinger				Date	of Publi	c Distribution/Dissemination
-	Mailing Address 3113 Imperial Valley Dr.				Amo	08	20 2014
-			-: 0 d				00.00
	-	State AR	Zip Code 72212				30.00 ID: 5bce2873-6d3b-4c93-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M M 08	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
$\perp$	Name of Federal Candidate		<u> </u>	Support	Office Soug	nht:	House District: 00
	Mr. Mark L Pryor			Oppose	President Presid		X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		60970.16		Disburseme	ent For: Other (sp	Primary ☐ General Decify) ▶
	Full Name of Payee Bradley K Kissinger  Mailing Address 3113 Imperial Valley Dr				Date	of Publi	ic Distribution/Dissemination
Ĭ	3113 Imperial Valley Dr.				Amo	ount	
	,	State AR	Zip Code 72212				8.40 <b>D : b6410a71-0716-4f22-9</b> ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		08 01 DISDI	/ 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate		<u> </u>	Support	Office Soug	ght:	House District: 00
	Mr. Mark L Pryor			Oppose	Presi		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		60970.16	3	Disburseme 2014	ent For: Other (sp	Primary X General
(6	a) SUBTOTAL of Itemized Independent Expenditures				· [		38.40
(I	b) SUBTOTAL of Unitemized Independent Expenditures	)s			. <b>.</b> [		
(0	c) TOTAL Independent Expenditures				· -		
W	Under penalty of perjury I certify that the independent of vith, or at the request or suggestion of, any candidate carty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	08	22	2014
	Signature						

Schedule E)	LIVI EXI END	HONES	PAGE 38 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			08 / 20 / 2014
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	50.00
Charlotte	NC	28211	Transaction ID : c39baf2b-bf03-4478-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	3.60
Charlotte	NC	28211	Transaction ID: 6dbd1e2f-e586-4ee1-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures		▶ 53.60
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 22 7 2014
•			

Schedule E)	IN EXIEND	TTOTILO	PAGE 39 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jenna M Ledford			08 / 20 / 2014
Mailing Address 2279 Gouges Creek Rd			Amount
City	State	Zip Code	80.00
Spruce Pine	NC	28777	Transaction ID : 9c772b18-dff3-4dc2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jenna M Ledford			08 20 2014
Mailing Address 2279 Gouges Creek Rd			Amount
City	State	Zip Code	22.92
Spruce Pine	NC	28777	Transaction ID : 60714071-93a2-4275-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	248365.59	Disbursement For:  Primary  ☐ General  2014  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendi	ures		. ▶ 102.92
(I) OUDTOTAL (III )			
(b) SUBTOTAL of Unitemized Independent Exper	naitures		•
(c) TOTAL Independent Expenditures			<b>•</b>
	lidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	INT EXI END	JII OI LE	PAGE 40 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	50.00
Mandeville	LA	70471	Transaction ID : 0b205dd6-6cc8-4ed5-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		93311.41	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			08
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	6.60
Mandeville	LA	70471	Transaction ID: 732f8e44-6545-411a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-yy	93311.41	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		56.60
(, )			7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 22 7 2014

Schedule E)	DEITI EXI EITE	TI OTILO	PAGE 41 OF 6 FOR SE OF FORM 24/4	63 18
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBE	R▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	t filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	on
Lee R Carter			08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	■ Y
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code	80.	00
Raleigh	NC	27604	Transaction ID: 73e64092-4559-4962 Date of Disbursement or Obligation	-b
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President State: N	IC
Calendar Year-To-Date Per Election for Office Sought	,,,,	248365.59	Disbursement For:  Primary	neral
Full Name of Payee			Date of Public Distribution/Disseminati	on
Lee R Carter			08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code	9.3	0
Raleigh	NC	27604	Transaction ID: 4f2aba69-080d-45a2-a Date of Disbursement or Obligation	a
Purpose of Expenditure Mileage		Category/ Type 002	08 / DDD / YDD 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President State:	IC
Calendar Year-To-Date Per Election for Office Sought	7	248365.59	Disbursement For:  Primary  Ger 2014	neral
(a) SUBTOTAL of Itemized Independent Expe	nditures		89.30	
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>)</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
•				

Sch	edule E)	EXI ENDI	101120		PAGE 42 OF 63 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends re	eport filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee Kelly Dolan				Date of Public Distribution/Dissemination  08 20 2014
N	Mailing Address 543 S 2nd St				Amount
	Dity	State	Zip Code		80.00
- 1	Bellaire	NC	77401		Transaction ID : 6fda400d-1747-4b95-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 0	01	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
١	Name of Federal Candidate		Support	t Office	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose	•	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		93311.41	Disbu 2014	rsement For:  Primary  General  Other (specify) ▶
	Full Name of Payee				Date of Public Distribution/Dissemination
Т	Kelly Dolan				08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address 543 S 2nd St				
Т					Amount
	City	State	Zip Code		12.00
	Bellaire	NC	77401		Transaction ID : 42c90daa-523f-48cf-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00	02	08 / 20 / Y Y Y Y Y Y Y
1	Name of Federal Candidate		Support	t Office	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, ,	93311.41	Disbu 2014	rsement For:  Primary  General  Other (specify) ▶
(a	) SUBTOTAL of Itemized Independent Expenditures	·		······ <b>&gt;</b>	92.00
(b	) SUBTOTAL of Unitemized Independent Expenditure	res		····· <b>&gt;</b>	1 4 1 4 1 4
(с	e) TOTAL Independent Expenditures			······ <b>&gt;</b>	
wi	nder penalty of perjury I certify that the independen th, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date 08	
	Signature		_		

Sc	chedule E)	PAGE 43 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	/omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed o	on M = M / D = D / Y = Y = Y
_	Full Name of Payee	Date of Public Distribution/Dissemination
	Daniel E Collison	08 20 2014
	Mailing Address 3315 Cardinal Ridge Rd	Amount
ŀ	City State Zip Code	35.00
	Greensboro NC 27410	Transaction ID : 57aa930f-8fca-4149-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	08 / 20 / Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburs 248365.59	sement For:
	Full Name of Payee	Date of Public Distribution/Dissemination
	Daniel E Collison	M M / D D / Y Y Y Y Y
	Mailing Address 3315 Cardinal Ridge Rd	08 20 2014
	3313 Calullai Niuge Nu	Amount
ľ	City State Zip Code	17.10
		Transaction ID : a8188998-b674-41f2-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	08 / 20 / 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburs 248365.59  Disburs 2014	rsement For: Primary
	Ţ	
(	(a) SUBTOTAL of Itemized Independent Expenditures	52.10
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Schedule E)	<b>L</b> /(1 <b>L</b> (1).	1101120		PAGE 44 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	- M / D - D / Y - Y - Y
Full Name of Payee  Vonniqua Jackson			М	of Public Distribution/Dissemination  08 20 2014
Mailing Address 111 Westchester Blvd Apt D4			Amour	nt
· ·	State	Zip Code		43.00
Slidell	LA	70458		action ID: d5945dd3-40d5-4825-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	:: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		93311.41	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Lourdes Lopez			М	08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2936 Brushwood Ave			Amou	
City	State	Zip Code		30.00
Springdale	AR	72764	Transa Date o	ction ID : 551b6770-9b71-4092-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	08 20 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		60970.16	Disbursement 2014 O	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures.				73.00
(b) SUPTOTAL of Uniterprised Independent Evgenditure	roo		-	
(b) SUBTOTAL of Unitemized Independent Expenditur	es		• -	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	9 08	22 2014
Signature		_		

Schedule E)	LIVI EXI EIVI	DITORLO	PAGE 45 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lourdes Lopez			08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2936 Brushwood Ave			Amount
City	State	Zip Code	9.00
Springdale	AR	72764	Transaction ID : c1a3ae1e-894f-4225-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	60970.16	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Shelbi L Randall			08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 East Park Ave Apt 40			Amount
City	State	Zip Code	45.00
Searcy	AR	72143	Transaction ID : 9b02f58c-1d05-41bd-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		60970.16	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		54.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08

Schedule E)				PAGE 46 OF 63 FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
theck if 24-hour report X 48-hour report	New rep	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee Shelbi L Randall			Date	of Public Distribution/Dissemination
			[	08 20 2014
Mailing Address 202 East Park Ave Apt 40			Amo	unt
City	State	Zip Code	— I	23.76
Searcy	AR	72143		saction ID: 5c208c56-3409-4735-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , ,	60970.16	Disburseme 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Meagan M Cates				08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1425 Arden Lane			Amo	unt
City	State	Zip Code	— F	20.00
Conway	AR	72034		action ID: 44a4fd8f-114c-41e3-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M 08 / 20 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	dent State: AR
Calendar Year-To-Date Per Election for Office Sought	7	60970.16	Disburseme 2014	ont For:
(a) SUBTOTAL of Itemized Independent Expenditur	es			43.76
			,	7 7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		. •	7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 2
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08	22 / 2014

ScI	hedule E)	, EX. 2.12.	110.120		PAGE 47 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
T	Full Name of Payee Meagan M Cates			М	of Public Distribution/Dissemination
-	Mailing Address 1425 Arden Lane			Amour	08 20 2014 nt
-	Cin.	State	Zin Codo		0.90
	City Conway	AR	Zip Code 72034		0.90  action ID: b207a2dd-e167-4192-a  of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 20 7 2014
ŀ	Name of Federal Candidate		Support	Office Sought	t: House District: 00
	Mr. Mark L Pryor		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		60970.16	Disbursement 2014 Ot	t For: Primary ⊠ General
	Full Name of Payee Michael Vidrine				of Public Distribution/Dissemination
	Mailing Address 1103 West Wilson Street			Amou	nt
ľ	City	State	Zip Code		40.00
	Ville Platte	LA	70586	Transa Date of	ction ID : 1e011130-b75b-41b9-8 f Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 / 20 / 2014
Ī	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	<u></u>	93311.41	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
(;	(a) SUBTOTAL of Itemized Independent Expenditures	;S		• [	40.90
(1	(b) SUBTOTAL of Unitemized Independent Expenditu	ures			
(0	(c) TOTAL Independent Expenditures			· [	7 1 7 1 2
W	Under penalty of perjury I certify that the independer vith, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08 /	22 2014
	Signature				

Schedule E)	I EXI END	ITOTILO		PAGE 48 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Michael Vidrine			M	f Public Distribution/Dissemination
Mailing Address 1103 West Wilson Street			Amour	08 20 2014 nt
City	State	Zip Code		31.20
Ville Platte	LA	70586		action ID : 7061f304-e14c-414f-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	08 / 20 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		93311.41	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date of	of Public Distribution/Dissemination
Mr. Roger McKinney			M	08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street			Amou	
City	State	Zip Code		112.50
Pilot Mountian	NC	27041		ction ID : 0a7b8d05-e745-4126-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	08 20 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	248365.59	Disbursement 2014 O	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	S			143.70
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			
(c) TOTAL Independent Expenditures			-	
(c) TOTAL independent Expenditures			·· •	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08	22 2014
Signature	<u> </u>			

Schedule E)	LIVI EXI END	TIONES		PAGE 49 OF 63 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEI	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Mr. Roger McKinney			08	20 / 2014
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code		29.16
Pilot Mountian	NC	27041		: dff8405b-d72e-46de-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursement For:  2014  Other (spec	Primary X General
Full Name of Payee			Date of Public D	Distribution/Dissemination
Francis Richardson			M M / 08	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd			Amount	
City	State	Zip Code		30.00
Lafayette	LA	70503		e4d452a0-f8f2-4c85-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	93311.41	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expen-	ditures			59.16
			7	7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 22	2014
- 3				

Schedule E)	NI EXI END	TIONES	PAGE 50 OF FOR SE OF FORM	63 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	/IBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	YYY
Full Name of Payee Francis Richardson				TY TY
Mailing Address 220 Doucet Rd			08 20 20 Amount	014
C:4.	Ctoto	Zin Codo		2.00
City  Lafayette	State LA	Zip Code 70503	Transaction ID: 87e7e0f7-a168-4 Date of Disbursement or Obligatio	
Purpose of Expenditure Mileage		Category/ Type 002	M = M / D = D / Y = Y	014
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	, , ,	93311.41	Disbursement For:  Primary  X 2014  Other (specify) ▶	General
Full Name of Payee Glenda McKinney				YY
Mailing Address 308 West Main Street			08 20 2 Amount	014
City	State	Zip Code		12.50
Plot Mountain	NC	27041	Transaction ID : 6e9ebfef-0c71-4b  Date of Disbursement or Obligation	54-8
Purpose of Expenditure Salary		Category/ Type 001		014
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President State:	
Calendar Year-To-Date Per Election for Office Sought	7 7	248365.59	Disbursement For:  Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		<b>)</b> 115	5.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	•
			7	
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 22 2014	
Jigilataio				

Sc	hedule E)	AI LIVE	TOTILO				PAGE 51 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Т	Full Name of Payee				Dat	e of Public	c Distribution/Dissemination
	Marysol Netro					08 08	20 / 2014
	Mailing Address 312 S Gunter St				Am	ount	
ŀ	City Stat	te	Zip Code				70.00
	Siloam Springs AF	₹	72761				ID: acbb2064-b2a6-443d-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M M	20 / 2014
Ī	Name of Federal Candidate		<u> </u>	Support	Office Sou	aht:	House District: 00
	Mr. Mark L Pryor			Oppose			X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		60970.16		Disbursem 2014	ent For: Other (sp	Primary
Ī	Full Name of Payee				Dat	te of Publi	c Distribution/Dissemination
Ì	Marysol Netro					M M	/ D D / Y Y Y Y Y
1	Mailing Address 312 S Gunter St					08	20 2014
	312 5 Guillet St				Am	ount	
ľ	City Sta	ite	Zip Code				10.50
	Siloam Springs AF	R 	72761		<b>Trar</b> Da	saction II te of Disb	D: b97758b5-b98d-49ff-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		08	20
Ī	Name of Federal Candidate		;	Support	Office Sou	ıght:	House District: 00
ŀ	Mr. Mark L Pryor			Oppose	Pres	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		60970.1	6	Disbursem 2014	nent For: Other (sp	Primary X General pecify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures				•		80.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures.				· •		
(	(c) TOTAL Independent Expenditures				•		
٧	Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	, M M	/ 22	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)	JENT EXTEND	HONES	PAGE 52 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			08 / 20 / 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	80.00
High Point	NC	27260	Transaction ID: 8970b0df-551f-4bbf-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			08 20 7 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	23.40
High Point	NC	27260	Transaction ID: a14ac737-0680-4e25-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	248365.59	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		. ▶ 103.40
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		•
(c) TOTAL Independent Expenditures			-
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 22 7 2014

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Danielle McCoy	08 20 / Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	80.00
High Point NC 27260	Transaction ID : d63499ea-c944-430c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	08 / 20 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbu 248365.59  Disbu 2014	rsement For: Primary
Full Name of Payee	
Danielle McCoy	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	24.30
High Point NC 27260	Transaction ID : f54dc8ef-a43c-4b73-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 / 20 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 248365.59	rrsement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	104.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	8 22 2014
Signature	

PAGE

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OF

63

Schedule E)	LIVI EXI END	TIONES	PAGE 54 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			08 / 20 / 2014
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	80.00
Greensboro	NC	27407	Transaction ID : 796f822c-e9ef-412d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	248365.59	Disbursement For:  Primary  General
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			08 20 2014
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	23.10
Greensboro	NC	27407	Transaction ID : 58dbc1e0-bc48-4f71-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursement For:  Primary  ☐ General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendent	litures		. ▶ 103.10
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· -
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 22 7 2014
- 3			

Sche	edule E)	<b>L</b> /(: L:(2)	101.20		PAGE 55 OF 63 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Woı	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y = Y
	all Name of Payee Ralph Smith				of Public Distribution/Dissemination
Ma	ailing Address 2090 Fancy Gap Rd			Amou	08 20 2014
Ci	A	Ctoto	7'n Codo		00.00
Ci M	ty 1t. Airy	State NC	Zip Code 27030		90.00 saction ID: 97d38432-5012-4b06-8 of Disbursement or Obligation
	urpose of Expenditure alary		Category/ Type 001		08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sough	ht: House District:00
М	ls. Kay Hagan		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	2	248365.59	Disbursemer 2014	nt For:
Fu	Name of Payee Ralph Smith				of Public Distribution/Dissemination
M	ailing Address 2090 Fancy Gap Rd			Amou	
Ci	ity	State	Zip Code		29.79
	/It. Airy	NC	27030	Transa Date	action ID: b3e0d8c5-2e36-4384-9 of Disbursement or Obligation
	urpose of Expenditure //iileage		Category/ Type 002	$\Box \mid \Box$	08 / 20 / 2014
	ame of Federal Candidate		Support	Office Sough	ht: House District: 00
М	ls. Kay Hagan		X Oppose	Presid	dent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursemer 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditures.				119.79
(b)	SUBTOTAL of Unitemized Independent Expenditure	es		<b>.</b>	
(c)	TOTAL Independent Expenditures			··· <b>·</b>	
with	der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its ac	or authorized			
	Ms. Emily Buchanan	[Electron:	ically Filed] Date	e 08	22 2014
	Signature				

Scl	hedule E)					PAGE 56 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
VV	omen Speak Out PAC				C	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	/ M /	D   D
T	Full Name of Payee ERIC TABARY				of Public	Distribution/Dissemination
ŀ	Mailing Address 6101 NORA ST			Amou	08	20 2014
-	City State		Zip Code			70.00
I	METAIRIE LA		70003			D: e5c3b571-d761-4d56-a rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08	20 / 2014
I	Name of Federal Candidate		Support	Office Sough	nt:	House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid		
	Calendar Year-To-Date Per Election for Office Sought		93311.41	Disbursemer 2014	nt For: Other (spe	Primary
	Full Name of Payee ERIC TABARY				M = M /	Distribution/Dissemination
-	Mailing Address 6101 NORA ST			Amou	08	20 2014
ŀ	City State	e	Zip Code			1.50
	METAIRIE LA		70003	Transa Date	action ID of Disbu	: 3dd095c0-c6d2-4d7e-a rsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 /	20 / 2014
ľ	Name of Federal Candidate		Support	Office Sough	nt:	House District: 00
ŀ	Ms. Mary L Landrieu		X Oppose	Presid		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		93311.41	Disbursemer 2014	nt For: Other (sp	Primary X General
(	(a) SUBTOTAL of Itemized Independent Expenditures			· -		71.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures				1 7	79. 1.70.
(	(c) TOTAL Independent Expenditures			•	-	
W	Under penalty of perjury I certify that the independent exp vith, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Date	08	22	2014
	Signature					

Sch	nedule E)	EXI END	1101120		-	PAGE 57 OF 63 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C	00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M /	D = D / Y = Y = Y
	Full Name of Payee Zachary Vidrine			Date	e of Public	Distribution/Dissemination
	Mailing Address 202 Rue Des Cajun			Amo	08	20 2014
				AIIIC	, and	
- 1	City Ville Platte	State LA	Zip Code 70586			25.00 D: e9d2dfaa-a0b6-4235-8
	Purpose of Expenditure Salary		Category/ Type 001		of Disburs	sement or Obligation  20 2014
1	Name of Federal Candidate		Support	Office Soug	ght:	House District: 00
	Ms. Mary L Landrieu		Oppose	Presi		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		93311.41	Disburseme 2014	ent For:	Primary
	Full Name of Payee  Zachary Vidrine			Date	e of Public	Distribution/Dissemination
	Mailing Address 202 Rue Des Cajun			Amo		
-	City	State	Zip Code			14.40
	Ville Platte	LA	70586	Trans Date	saction ID e of Disbur	: e702dddc-adf6-45dc-b sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08	20 / 2014
Ī	Name of Federal Candidate		Support	Office Sou	ght:	House District: 00
	Ms. Mary L Landrieu		X Oppose	Presi	dent X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		93311.41	Disburseme 2014	ent For: [ Other (spe	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures	)		•		39.40
(b	b) SUBTOTAL of Unitemized Independent Expenditure	res		,		
(c	e) TOTAL Independent Expenditures				7	7 7
wi	nder penalty of perjury I certify that the independen ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	e 08	22	2014
	Signature		_			

Sched	dule E)	. EXI EIID	101120		PAGE 58 OF 63 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
O			. 🗆 🐧		-M / D D / Y Y Y Y Y
Check i	if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	
Full	Name of Payee mily Butler				of Public Distribution/Dissemination
Mai	iling Address 1676 Shady Creek Rd			Amour	
City	,	State	Zip Code		51.70
	den	NC	28513		action ID : 59d622a3-43f5-4561-a of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		08
Nar	me of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		48365.59	Disbursement 2014 Of	t For: Primary X General
	Name of Payee			Date of	of Public Distribution/Dissemination
1)	ylan S Green			M	08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	iling Address 2320 Saint Nick Dr				
				Amou	nt
City	У	State	Zip Code		70.00
	ew Orleans	LA	70131	Transa Date o	ction ID : c427f947-b4d4-4c67-b of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	М	08 / 20 / 2014
Naı	me of Federal Candidate		Support	Office Sough	t: House District:00
Ms	s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	93311.41	Disbursemen 2014 O	t For:
(a) \$	SUBTOTAL of Itemized Independent Expenditure:	S		•	121.70
(b) \$	SUBTOTAL of Unitemized Independent Expenditu	ures		•	
(c) T	TOTAL Independent Expenditures			•	7 7 7
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidate committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M /	22 / 2014
S	ignature		_		

Schedule E)	LIVI EXI EN	DITORILO	PAGE 59 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			08 / 20 / 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	13.50
New Orleans	LA	70131	Transaction ID : fcc5eabf-6a9b-49e3-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		93311.41	Disbursement For:  Primary  General  General  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Elizabeth DeMaine			08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 75 Stephenson Ln			Amount
City	State	Zip Code	40.00
Sheridan	AR	72143	Transaction ID : a3e2deae-947a-48bd-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		60970.16	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. > 53.50
(b) CUPTOTAL of Unitersity of Industry Francisco			
(b) SUBTOTAL of Unitemized Independent Expe	naitures		
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	9 08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>V</b>			

Schedule E)	PENDENT EXPEND	TIONES	PAGE 60 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hou	ır report New rep	ort Amends repo	rt filed on
Full Name of Payee Elizabeth DeMaine			Date of Public Distribution/Dissemination
Mailing Address 75 Stephenson Ln			08 20 2014 Amount
City	State	Zip Code	36.60
Sheridan	AR	72143	Transaction ID : 6b11e668-04d9-460a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	60970.16	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	-		Date of Public Distribution/Dissemination
Petrina Williams			08 / 20 / 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	50.00
Greensboro	NC	27407	Transaction ID: 64a44900-e3dc-4429-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		248365.59	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independen	nt Expenditures		. ▶ 86.60
(b) SUBTOTAL of Unitemized Indepen-	dent Expenditures		
			7 7
(c) TOTAL Independent Expenditures			<b>•</b>
	, any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 22 7 2014
•			

Schedule E)		PAGE 61 OF 63 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC		C C00530766				
Check if 24-hour report X 48-hour report	t Amends report filed o	n M = M / D = D / Y = Y = Y				
Full Name of Payee Petrina Williams	- 1	Date of Public Distribution/Dissemination				
Mailing Address 3007 Darden Rd		08 20 2014 Amount				
Circ. State 7	Sa Codo	24.20				
1 ·	-	24.30  Transaction ID : 2f1f3e37-27f5-430d-9  Date of Disbursement or Obligation				
Purpose of Expenditure Mileage	Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	Support Office S	Sought: House District: 00				
Ms. Kay Hagan		President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	Disburs 2014	ement For: Primary				
Full Name of Payee Shanon Snyder		Date of Public Distribution/Dissemination				
Mailing Address 2701 Winifred		Amount				
City State Z	Zip Code	20.00				
	70003 T	ransaction ID: 83321056-df69-45e7-a Date of Disbursement or Obligation				
Purpose of Expenditure Salary	Category/ Type 001	08 / 20 / 2014				
Name of Federal Candidate	Support Office S	Sought: House District: 00				
Ms. Mary L Landrieu	∑ Oppose	President State: LA				
Calendar Year-To-Date Per Election for Office Sought	93311.41 Disburs 2014	sement For:  Primary				
(a) SUBTOTAL of Itemized Independent Expenditures		44.30				
(b) SUBTOTAL of Unitemized Independent Expenditures	·····					
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan [Electronica	ally Filed] Date 08	22 2014				
Signature						

	medule Ly	FOR SE OF FORM 24/48				
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
V	Vomen Speak Out PAC	C C00530766				
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y				
	Full Name of Payee	Date of Public Distribution/Dissemination				
	Shanon Snyder	08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 2701 Winifred	Amount				
	City State Zip Code	3.00				
	Metairie LA 70003	Transaction ID : d9faae92-5206-4d42-b Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage  Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Federal Candidate Support Office	Sought: House District: 00				
	Ms. Mary L Landrieu Oppose	President Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General				
	Per Liection for Office Sought	Other (specify) >				
	Full Name of Payee Amelia Brackett	Date of Public Distribution/Dissemination				
	Mailing Address 804 Roundabout Circle	08 20 2014 Amount				
		Amount				
	City State Zip Code	30.00				
	Searcy AR 72143	Transaction ID : 9fbef96c-0204-4011-8 Date of Disbursement or Obligation				
	Purpose of Expenditure Salary  Category/ Type  001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Federal Candidate Support Office	e Sought: House District: 00				
	<del>-</del>	President State: AR				
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary				
	(a) SUBTOTAL of Itemized Independent Expenditures	33.00				
(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan  [Electronically Filed] Date					
	Signature					

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Schedule E)	NDENT EXPEND	HONES		PAGE 63 OF 63 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC	DIDENTIFICATION NUMBER ▼		
Women Speak Out PAC			С	C00530766		
Check if 24-hour report X 48-hour report Amends report filed on						
Full Name of Payee Amelia Brackett			Date of Pu	ublic Distribution/Dissemination		
Mailing Address 804 Roundabout Circle			08 Amount	20 2014		
				Allount		
City	State	Zip Code		30.60		
Searcy	AR	-		action ID: 94c551e9-c030-4cbe-8 of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	M - M 08			
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		60970.16	Disbursement For 2014 Other	r: Primary X General (specify) ▶		
Full Name of Payee			Date of Pt	ublic Distribution/Dissemination		
Mailing Address			- L.			
			Amount			
City	State	Zip Code		7		
		1	Date of D	isbursement or Obligation		
Purpose of Expenditure		Category/ Type	M = M	/ D = D / Y = Y = Y		
Name of Federal Candidate		Support	Office Sought:	House District:		
		Oppose	President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement Fo	r: Primary General (specify) ▶		
				(сроспу)		
(a) SUBTOTAL of Itemized Independent Exp	oenditures		•	30.60		
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	7 7		
(c) TOTAL Independent Expenditures			•	4574.80		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		2014		
- griddio						